

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018802

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356

Primary Registration District No. 4521

Registrar's No. 45

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070

2 1070

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 1-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR

TYPEWRITER RIBBON

F. FILED MAY 7 1963

a. COUNTY

Texas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Houston

Length of stay in Tb

8 da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Texas Co. Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Texas

c. CITY OR TOWN

Raymondville

d. STREET ADDRESS

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

William

Middle

Walter COCHRAN

Last

4. DATE OF DEATH

Month

Day

Year

April 23 1963

5. SEX

M

6. COLOR OR RACE

Cauc

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-22-1981

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

VERNON Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Alfred COCHRAN

13b. MOTHER'S MAIDEN NAME

Virginia ANN CAMP

14. NAME OF HUSBAND OR WIFE

Nellie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Nellie COCHRAN Raymondville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

8 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ACUTE CORONARY THROMBOSIS

8 DAYS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-3-62

to 4-23-63

and last saw her alive on

4-23-63

Death occurred at

6:25 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Houston, Mo.

22c. DATE SIGNED

4-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-26-63

23c. NAME OF CEMETERY OR CREMATORY

Allen

23d. LOCATION (City, town, or county)

Texas Co. Mo.

(State)

FURNERAL DIRECTOR

Raymond E. DUFF

ADDRESS

Houston, Mo.

25. DATE RECD. BY LOCAL REG.

4-29-63

26. REGISTRAR'S SIGNATURE

Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Houston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.